APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Date:: 07/21/03
Application Type:: REGULAR
Subject Matter:: UTILITY
Suggested Group Art Unit:: 1623
CD-ROM or CD-R?:: NONE

Title:: MODIFIED LOW MOLECULAR WEIGHT

HEPARIN THAT INHIBITS CLOT ASSOCIATED COAGULATION

FACTORS

Attorney Docket Number:: GLYCO-12 C2

Total Drawing Sheets:: 13
Small Entity?:: YES

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR Primary Citizenship Country:: Canada

Status:: FULL CAPACITY

Given Name::

Family Name::

City of Residence::

State or Province of Residence::

Country of Residence::

Canada

Street of Mailing Address:: 54 Carluke Road East

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Canada

Postal or Zip Code of Mailing Address::

L9G 3L1

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Canada

Status:: FULL CAPACITY

Given Name::

Family Name::

City of Residence::

State or Province of Residence::

Country of Residence::

Canada

Street of Mailing Address:: 21 Cottage Avenue

City of Mailing Address:: Hamilton
State or Province of Mailing Address:: Ontario
Country of Mailing Address:: Canada
Postal or Zip Code of Mailing Address:: L8P 4G5

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23599

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23599

Representative Customer Number:: 23599

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/874,009	06/06/01
09/874,009	Continuation of	09/445,215	12/06/99
09/445,215	Claims benefit of	60/072,098	06/06/97
09/445,215	Claims benefit of	PCT/CA98/00548	06/05/98

ASSIGNMENT INFORMATION

Assignee Name:: Hamilton Civic Hospitals Res Dev., Inc.

Street of Mailing Address:: 711 Concession Street

City of Mailing Address:: Hamilton
State or Province of Mailing Address:: Ontario
Country of Mailing Address:: Canada
Postal or Zip Code of Mailing Address:: L8V 1C3

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